

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: **Confirmation No.: 9168**  
Naomi SEKINO, et. al. Date: October 15, 2009  
Serial No.: 10/729,074 Group Art Unit: 3768  
Filed: December 4, 2003 Examiner: Sanjay CATTUNGAL  
For: ENDOSCOPIC LITHOTRIPSY APPARATUS AND LITHOTRIPSY  
METHOD OF TREATMENT OBJECT USING THE APPARATUS

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VIA EFS-WEB  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR REFUND OF  
EXTRA CLAIM FEE**


Sir:

Applicant requests a refund in the amount of **\$220.00** for an erroneously charged extra independent claim fee. On December 4, 2003 Applicant filed the above-identified application with the Patent Office. Applicant submitted a payment of \$1,144.00 (included in our Check No. 13473) for the application filing fee including the extra claims fees for one extra independent claim and sixteen extra claims total. See copy transmittal form and PTO Fee Record and Worksheet attached. However, on July 9, 2009, the Patent Office charged our Deposit Account in the amount of \$220.00 for one extra independent claim (see attached). There are still only four independent claims in the instant application: i.e., claims 1, 13, 34 and 36, all of which have already been paid for with the filing of the application on December 4, 2003. Therefore, the Patent Office has erroneously charged us a second time.

Pursuant to 37 C.F.R. §1.28, it is requested that a refund be granted in the amount of **\$220.00**. It is requested that the refund be deposited to our Deposit Account No. 15-0700.

Respectfully submitted,

THIS CORRESPONDENCE IS BEING  
SUBMITTED ELECTRONICALLY  
THROUGH THE UNITED STATES  
PATENT AND TRADEMARK OFFICE  
EFS FILING SYSTEM  
ON OCTOBER 15, 2009

  
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519 U.S. PTO  
10/729074

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22386 U.S. PTO  
10/729074

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Commissioner for Patents  
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OFGS File No. : P/3541-52  
Inventor : Naomi Sekino, et al.  
Title : ENDOSCOPIC LITHOTRIPSY APPARATUS AND  
LITHOTRIPSY METHOD OF TREATMENT OBJECT  
USING THE APPARATUS

Enclosed herewith please find the following documents in the above-identified application for  
United States Letters Patent:

- ☒ Print EFS Data Sheet
- 62 Pages of Specification including Abstract and Claims
- 36 Numbered Claims Calculated as 36 Claims for Fee Purposes
- 5 Sheets of Drawing Containing Figures 1 to 9. (Formal)
- Declaration and Power of Attorney
- ☒ Priority is Claimed under 35 U.S.C. §119:  
Convention Date December 4, 2002 for Japanese Appln. S.N. 2002-352702
- ☒ Certified Priority Application
- ☒ Form 1449
- ☐ Small Entity Status is claimed.
- ☐ Assignment
- ☒ Return-Addressed Post Card

OFGS Check No. 13473, which includes the fee of \$1,144.00, calculated as follows:

Basic Filing Fee:	\$ 770.00
Additional Filing Fees:	
Total Number of Claims in Excess of 20, times \$18:	288.00
Number of Independent Claims in Excess of 3, times \$86:	86.00
One or More Multiple Dependent Claims: Total \$290:	
Total Filing Fees or	1,144.00
Total Filing Fee Reduced 50% for Small Entity:	
Assignment Recording Fee: \$40	
TOTAL Filing Fee and Assignment Recording Fee:	<u>\$1,144.00</u>

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/10/2003 HASFAW1 00000064 10729074

01 FC:1001	770.00	OP
02 FC:1201	86.00	OP
03 FC:1202	288.00	OP

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

P/3541-52

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	36	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	36 minus 20=	* 16
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	255
X43=		OR	X86=	86
+145=		OR	+290=	
TOTAL		OR	TOTAL	1144

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

### Transaction Details

Type: Sale  
Status: Active  
Accounting Date: 07/09/2009

Name/Number: 10729074  
Attorney Docket Number: P/3541-52

### Sale Items

Name/Number	Attorney Docket Number	Status	Quantity	Item Total	Payment Amount	Fees Code	Description
10729074	P/3541-52	Active	1	\$220.00	\$220.00	1201	INDEPENDENT CLAIMS IN EXCESS OF THREE

### Payment Details

Payment Type	Total Payment Amount	Payment Date	Payment Amount (this sale)
Deposit Account	\$220.00	07/09/2009	\$220.00